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ABSTRACT

Alcohol abuse is often a precipitating factor in domestic violence, especially in the most serious forms of violence. The term coalcoholic has been used to describe persons in a dyadic relationship with an alcoholic including spouses, lovers, parents, or close friends. Two intervention programs for coalcoholic battered women were studied. In the first study, participants (N=70) were battered women from a residential shelter for battered women. One-half of the women attended an educational intervention program including films, lectures, and discussions on alcoholism. The other half, the control group, did not. Arrival interviews as well as 6- and 12-month follow-ups will be conducted to assess the frequency of verbal aggression, physical violence, social support, and alcohol dependence. In the second study, participants (N=6) included a battered coalcoholic woman, her battering husband, and four members of the couple's support group. Four therapy sessions prepared the woman to confront her alcoholic husband in the fifth session. Follow-up interviews were conducted which suggested that the intervention was successful in reducing violence. The results are only preliminary; interventions will be applied and studied for longer periods. (ABL)

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Battered Women as Coalcoholics: Treatment Options

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CG 018850

Running Head: BATTERED WOMEN AS COALCOHOLICS

Note: We tried to withdraw this paper prior to the April 15 deadline when we learned the research would be delayed due to lower shelter house counts affecting a previous project. However, we were encouraged to share the research plan and preliminary data.

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Abstract

The link between domestic violence and alcohol abuse is well established. Estimates of the number of battering males who abuse alcohol range from 50 to 90%. These figures suggest that battered women have a very high probability of being coalcoholics. The literature reviewed in this paper on battered women and coalcoholics shows some marked similarities among the symptoms described for both groups. However, treatment agencies have largely ignored the overlap in problem areas. This paper addresses two treatment approaches to intervention with battered women living in a shelter who are coalcoholics. The preliminary data is presented.

Battered Women as Coalcoholics: Treatment Options

There is no single cause or precipitant for domestic violence. However, alcohol abuse is one of the variables most frequently cited as contributing to marital violence (Byles, 1978; Fagan et al, 1983; Hanks and Rosenbaum, 1977; Roy, 1977). Estimates of the number of battering males who abuse alcohol range from 48-90%.

Several independent controlled studies which compared the drinking patterns of batterers to nonviolent couples in therapy and satisfied couples, found alcohol to be a significant factor in the violent relationships (Rosenbaum and O'Leary, 1981; Telch and Lindquist, 1984). Alcohol has also been found to be a significant factor in those cases in which battered women were killed, possibly because it is correlated with the most severe forms of violence (Brown, 1980). These high correlations (80% or more) seem to relate to the male's current level of alcohol abuse.

There are numerous similarities in the description of battered women and partners of alcoholics. The early literature in both areas tended to blame the women and to analyze their pathology. The women were seen as provoking the violence (Symonds, 1979; Kalashian, 1959; Whalen, 1953). Later research in both areas tended to blame the women less and instead to see their behavior as a reaction to their situation. Eventually in the alcohol literature the women's behavior patterns of

suffering, controlling, punishing and so forth were seen, not as casual personality types, but as a stress reaction to cohabitating with an alcoholic as he progressed through the stages of alcoholism (Orford, Gutherie & Nichols, 1975; James and Goldman, 1971). Studies indicated that the wife's symptoms decreased during her husband's abstinence (Bailey, 1967; Haberman, 1964).

Eventually the term coalcoholic was coined. It has been used to cover anyone in a dyadic relationship with an alcoholic whether it be spouse, lover, parent, or close friend. This person generally assumes the responsibilities of the relationship as the alcoholic becomes increasingly impaired. She or he is also the one who usually suffers the consequences of assuming the role.

Likewise battered women are now viewed as victims, caught emotionally and/or financially in an abusive relationship due to learned helplessness (Walker, 1979) or for other reasons. The battered woman and the coalcoholic have both been described as "denying" their problems. A woman who is fleeing her partner and seeking shelter is no longer completely denying the violence in her relationship. However, most battered women do not recognize the alcohol (or drug abuse) problem or realize its contribution to the domestic violence.

Additionally, treatment agencies have largely ignored the overlap in problem areas. Rarely is physical abuse

mentioned in the alcoholism treatment literature. Gelles (1974) points out that families which interpret their domestic problems as caused by the husband's drinking focus on that problem, often not mentioning the episodes of physical abuse to the counselor. Also, few of the services for battered women are oriented to treat alcohol involvement in the violence, nor do they focus on a secondary problem that, due to the crisis of separation women in shelters may be at greater risk for developing alcoholism themselves (Gromberg, 1974; Wilsnack, 1978).

This paper addresses two treatment approaches to intervention with coalcoholic battered women living in a battered women's shelter. The first approach is a three week, six session educational intervention for battered women presented as a regular component of the shelter program. It is intended to educate them concerning alcohol so they can recognize their partner's alcoholism and avoid alcohol abuse themselves. It is also intended to help them confront their partner regarding treatment if they wish. Specifically, women who participate in this intervention as compared to a control group are hypothesized to be less likely to return to a violent situation and abuse alcohol when evaluated at a six and 12 month follow up.

The second approach enlists the aid of a support group

of people important to the batterer and to the battered woman. It is based on the methodology of alcoholism intervention developed by the Johnson Institute (1983). The primary goal of the intervention is to help the coalcoholic battered woman and the support group to confront her partner about the violence and alcoholism so that he will seek treatment while she is also getting help. This mode of treatment is consistent with the probable behavior the woman will encounter should she return to her partner. Additionally, whether or not the intervention is helping in getting him to seek treatment a secondary goal is to help the woman and the members of the support group to better understand both his alcoholism and violence and their options if he continues to drink and be violent. Outcome is measured in terms of violent and non-violent living status at follow up.

Treatment One

Method

Subjects. Seventy battered women will be involved in this educational intervention program. They will be residents of the Women's Transitional Living Center (WTLC), a shelter for victims of domestic violence located in Orange County. Women are selected for the shelter on the basis of being physically and/or emotionally abused. The only prerequiste required for their participation is that the women can speak English as either their primary or secondary language.

Procedure. The testing of the general hypothesis requires the use of an experimental design in which the experimental condition is introduced to the shelter for three months at a time matched by three months of a control period for a total of ten segments in two and a half years. At least 35 women will experience the educational intervention program, which will consist of six two hour sessions over three weeks. These groups will be led by a shelter staff person. The meetings will consist of films, lectures, discussions, and role playing activities. The topics covered will be alcohol awareness, denial, coalcoholic behavior and enabling behaviors, alcohol and assertion, adult children of alcoholics, and lastly a session devoted to identifying the precursors of drinking behavior.

The control group consisting of at least 35 subjects will

be involved in a battered women's support group, which will replace the alcoholism sessions. This will be done to insure that differences in outcome can be attributed to the alcoholism program, and not to the fact that the women received more therapeutic contact time. The support group will be led by staff, and will include general problem solving discussions. These groups are extremely popular with the women and often form the mainstay of many shelter programs.

Data will be collected from all the women who enter the shelter. Within 24 hours of their arrival, and before the classes begin, an appointment will be set up for a person to person interview. The six and 12 month follow ups will require a more elaborate tracking system, and the subjects will need to be reinforced for participating in the follow up interviews. All participants in the shelter will be contacted monthly for an address and telephone number update. At intake, the subjects will be asked to provide the shelter with telephone numbers of multiple close friends and relatives, so any change of residence after their shelter exit can be monitored. Additionally, all participants will be paid ten dollars every three months for one year for their effort as well as to provide incentive.

Measures. The Conflict Tactics Scale (CTS) (Straus,1979) is designed to quantify the frequency and severity of verbal aggression and physical violence. At follow up the women will either be assessed as living in one of three possible outcome

situations: nonviolent, less violent, or the same/more violent.

The women's personal history and resources will be measured several ways. The number of the women's dependents, length of the abuse, and the length of the relationship with her batterer will be taken from the women's shelter program intake form. Her social support network will be measured by a method developed by Mitchell and Hodson (1983), while her socioeconomic status will be assessed by a technique created by Hollingshead (1958). Coping will be evaluated using the method developed by Billings and Moos (1981) as adapted for battered women by Mitchell and Hodson (1983). In terms of psychological well being, depression will be measured by the CES-D scale (Radloff, 1977). It has shown adequate reliability and validity. Also, the women will be given a spouse specific assertion scale (Curley and O'Leary, Note 1).

The Alcohol Dependence Scale (Skinner, 1982) will be used to evaluate the extent to which drinking is a problem. It has an internal consistency rating of .92, and is highly reliable. Also, it has been tested with a divergent population of alcohol abusers, including outpatient, inpatient, socially stable and heterogenous drinkers with alcohol problems. Lastly, the wording of this scale makes it appropriate for retesting. The DAST-20 Drug Use Questionnaire (Skinner, 1982)

will also be employed.

Proposed Analysis. Stepwise discriminant function analysis will be employed to predict group membership in one of the three outcome living situations (nonviolent, less violent, more violent) on the basis of the many factors used in this study. This method will optimally determine the order of entry of the variables on a statistical criterion. Regular multiple regression will be conducted between the initial and follow up variables to investigate the extent of the correlations between these data sets.

Preliminary Data. This data represents the initial results from a preliminary six week follow up study using 35 battered women who completed the questionnaires mentioned previously, but did not experience the educational intervention class. The dispositions of 30 women were ascertained, with 14 (40%) actually completing the follow up questions. Nineteen women (54%) were living in a nonviolent living situation at follow up. Eighteen of these women were living by themselves or with a female roommate, while only one woman had returned to her husband. Eleven women (31%) had experienced violence and had returned to their husbands at least temporarily; four of these women were in another shelter upon follow up. The outcome for five women (14%) was unknown.

Treatment Two

Subjects. Six people participated in this case study. A battered coalcoholic woman who was a resident of WTLC, her battering husband and four members of the couple's support group.

Treatment Plan. The intervener who screened potential candidates for intervention emphasized that the program was for people who might have contact with their former partners and was very careful to state that it was not the intent of the intervention that the woman return to her husband. Rather, its purpose was to help her get him to seek help for both his alcoholism (and/or his drug abuse) and his anger or violence problem. No woman was accepted for the intervention unless she had at least two other people from the couple's support group willing to participate in the intervention. Five women in the shelter were offered the opportunity to participate in the program before a suitable candidate was found.

The intervention consists of five sessions conducted by a therapist. The first four are to prepare the wife and the concerned others for the actual confrontation with the abusive alcoholic during the fifth session. The type of treatment is decided upon during the planning sessions and is dependent upon family resources and the severity of the problem.

Prior to the first session a good deal of time is spent discussing with the woman which family members, friends or

employers might help with an intervention. During this first interview preliminary information is also obtained regarding work schedules, insurance coverage, and family problems.

The first session begins with a concrete discussion of the nature of chemical addiction and of violence and the high correlation between the two. This leads to a discusssion of the partner's alcohol abuse and violence. Homework materials regarding drinking and violence may be distributed at this time.

Session two starts with instruction on the delusional memory system of chemically dependent persons including blackouts, psychological repression and chemically altered perceptions of the enviroment. This progresses to a discussion of enabling behavior definitions, examples, reasons, and consequences.

Emotional support is provided by encouraging concerned others to dispel feelings of guilt and by emphasizing this is a common reaction. Clear recognition is given for the fact that the participants are all taking the time to learn about the problem so they can do something. This session ends in a review of the homework.

During the third session a tentative treatment plan is discussed. This plan includes specific action that the wife will take if he will join her in treatment as well as a

treatment and living plan if he refuses. Each objection that they have or that the husband might make to the treatment plan is carefully discussed. These provide important clues to resistances that the violent alcoholic is likely to bring up in the confrontation. From this encounter, everyone involved writes down their intended comments to be used during the fifth session. Lastly, family members are invited to tour the treatment facility or program, and meet the therapist as appropriate.

In session four the improved documentation and letters are reviewed, and those who have met the treatment therapist or toured the facility and met the staff report back. Also, the seating arrangement for the upcoming session is planned so that the person it would be hardest for the abuser to walk by is by the door. The people who are the most supportive sit beside him. The order for reading the letters is planned so that the letter with the least emotional impact is first and the one with the most emotional impact is last.

The final session is the one in which the group confronts the violent alcoholic. He is told that each person had something to say that they felt was so important that they had written it down. He is asked to promise to listen all the way through without interupting. If he needs to stop for a moment they will stop, but the therapist asks for his promise to listen all the way through before discussing

any of the letters. If the violent alcoholic agrees to the proposed treatment program, it is implemented as soon as possible.

Follow Up. The battered woman and members of the support group are contacted for follow up at two month intervals for a six month period. The outcome is measured in terms of violent and nonviolent living status at the time of the contacts. In this particular case, the intervention was a success.

General Discussion

These interventions offer two constructive options for treating the often therapeutically ignored connection between alcohol abuse and domestic violence. They represent initial steps in the ongoing development of techniques to better deal with these two related issues. In the upcoming months both interventions will be applied to shelter resident populations for sustained periods.

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